



2016 Benefits Quick Guide Updated 3/16

CHOICES 1 (800) 994-9422

Medicare Part A 2016 Premium, Deductibles & Co-pays			2016 Medicare Part B Premiums & Deductibles	
<b>Part A Premium</b>	(30-39 quarters) ( < 30 quarters)	\$226 per month \$411 per month	<b>PART B</b> for those held harmless (total premium removed from SS check as of 1/16) <b>Those with annual incomes:</b> \$85,001-\$107,000 (single) or \$170,001-\$214,000 (married) \$107,001-\$160,000 (single) or \$214,001 - \$320,000 ( married) For those over these amounts...	<b>\$104.90</b> per month  <b>All others: \$121.80</b> per month
<b>Hospital Deductible</b>	(per benefit period deductible)	\$1,288		<b>\$170.50</b> per month Part D (add \$12.70 to premium)
<b>Hospital Co-pays</b>	Days 61-90 Days 91-150	\$322 per day \$644 per day		<b>\$243.60</b> per month Part D (add \$32.80 to premium)
<b>Skilled Nursing facility Co-Pay</b>	Days 21-100	\$ 161 per day	<b>Part B Deductible</b>	<b>\$166</b> per year

Medicare Savings Program (MSP) (rev . 3/16)					
Program	Status	Income Limit	Status	Income Limit	<b>NO ASSET LIMITS FOR MSP</b>  <b>No Estate Recovery after 1/1/10</b>  <b>DSS Benefits Line: 1-855-626-6632</b>  <b>Income listed includes Husky C disregard of \$337/single &amp; \$404.90/couple (eff. 1/16)</b> <b>MAGI Income is used for Husky A</b>  With children under 19 yrs (eff. 3/16)
<b>QMB (Q01) 211% FPL</b>	<b>Single</b>	\$2,088.90 / mo	<b>Couple</b>	\$2,816.85 / mo	
<b>SLMB (Q03) 231% FPL</b>	<b>Single</b>	\$2,286.90 / mo	<b>Couple</b>	\$3083.85 / mo	
<b>ALMB (Q04) 246% FPL</b>	<b>Single</b>	\$2,435.40/mo	<b>Couple</b>	\$3,284.10/ mo	
<b>Medicaid (Husky C) (for those 65+, blind or with a disability)</b>	<b>Single</b>	\$970.49 (region A ) \$860.38 (reg. B & C)	<b>Couple</b>	\$1209.99 (reg. A ) \$1101.31(reg. B & C)	
<b>Husky A (155% FPL)</b>	<b>For one</b>	\$1534.50/mo	<b>For two</b>	\$2069.25/mo	

**If you qualify for MSP, you will automatically qualify for Extra Help and the lower co-pays for Part D**

<b>Medicare Part D Low Income Subsidy (LIS) for 2016</b> <b>LIS CO-PAYS FOR MEDICATIONS:</b> <b>\$2.95 - FORMULARY GENERIC DRUGS</b> <b>\$7.40 - FORMULARY BRAND NAME DRUGS</b>  <b>Medicaid recipients: \$1.20 /\$3.60 (eff 7/15- no ceiling protection) same for 2015 &amp; 2016</b> <b>Medicaid Waiver/permanently in SNF--no co-pays</b>  <b>LIS Benchmark Premium for CT- \$31.14 (2016)</b> <b>Max Income/Assets for Partial Subsidy</b>			<b>Medicaid Expanded Benefits (3/16)</b> <b>HUSKY D</b> <table border="1"> <thead> <tr> <th>Household size</th> <th>MAGI Monthly Income</th> </tr> </thead> <tbody> <tr> <td>1 person</td> <td>\$1366.20</td> </tr> <tr> <td>Couple</td> <td>\$1842.30</td> </tr> </tbody> </table> <p><b>No asset restrictions</b>  <b>Age 18-64 without Medicare</b>  <b>No spend down, MAGI income</b>  <b>Apply at <a href="http://www.accesshealthct.com">www.accesshealthct.com</a></b></p>		Household size	MAGI Monthly Income	1 person	\$1366.20	Couple	\$1842.30	<b>CT Health Insurance Exchange</b> <b>Access Health CT</b>  Benefits Center- 1-855-805-4325  <a href="http://www.accesshealthct.com">www.accesshealthct.com</a>  <b>Next Open enrollment</b> <b>Nov 1, 2016 – Jan 31, 2017</b>		
Household size	MAGI Monthly Income												
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<table border="1"> <thead> <tr> <th>LIS</th> <th>Monthly Premium</th> <th>Assets</th> </tr> </thead> <tbody> <tr> <td><b>Single</b></td> <td>\$1,471.25 per month</td> <td>Assets under \$13,640</td> </tr> <tr> <td><b>Couples</b></td> <td>\$1,991.25 per month</td> <td>Assets under \$27,250</td> </tr> </tbody> </table>	LIS	Monthly Premium	Assets	<b>Single</b>	\$1,471.25 per month	Assets under \$13,640	<b>Couples</b>	\$1,991.25 per month	Assets under \$27,250	<b>Supplemental Nutrition Assistance Program (SNAP) ( eff. Oct 2015)</b> Single person 185% FPL gross income - <b>\$1815/ mo (max benefit \$194)</b> Couple 185% FPL income – <b>\$2,456 / mo (max benefit \$357)</b>  There is no asset limit EXCEPT for members who are 60 years old or a person with a disability whose gross income is more than <b>185%</b> of the Federal Poverty Level. (asset limit over 185%: \$3,250)		<b>DSS applications are mailed to:</b> DSS Connect Scanning Center P.O.Box 1320 Manchester, CT 06045-1320  <b>Or apply online:</b> <a href="http://www.connect.ct.gov">www.connect.ct.gov</a>  <b>DSS Benefits Line:</b> <b>1-855-626-6632</b>	
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**CT Energy Assistance Program (CEAP) 10/15 Currently accepting applications**

Household Size	60% median income	RENTERS with heat included -when rent is 30% of gross income	*Vulnerable households receive a higher basic benefit:
<b>1 person</b>	\$33,132	\$17,655.00	Vulnerable Households include a household member who is age 60+ or a person with a disability, or child under age 6. (\$585 versus \$535)
<b>2 people</b>	\$43,327	\$23,895	<b>Asset Limits apply:</b>
<b>3 people</b>	\$53,521	\$30,135	<b>Homeowners - \$15,000</b>
<b>4 people</b>	\$63,716	\$36,375	<b>Renters – \$12,,000</b>
<b>5 people</b>	\$73,910	\$42,615	<a href="http://www.ct.gov/staywarm">www.ct.gov/staywarm</a>
<b>6 people</b>	\$84,105	\$48,855	<b>First date of delivery: 11/10/15</b>

Households with liquid assets that exceed these amounts may qualify if gross income, when added to excess liquid assets, is within guidelines

CT Home Care Program for Elders (CHCPE)	Functional Criteria	Income Guidelines	Asset Guidelines
State Funded - Level 1 Eff 7/15 – wait list only	One critical need	No income ceiling-	Individual:\$35,766 Couple:\$47,688
State Funded - Level 2	Skilled nursing home level of care	No income ceiling- 9% cost share	Individual:\$35,766 Couple:\$47,688
Medicaid Waiver – Level 3 300% of SSI (updated 1/1/16)  Applied Income starts at \$1,980 (3/1/16)	Skilled nursing home level of care	\$2,199/month Only the individual's income is counted toward eligibility	Individual -\$1600 Couple - \$3200 (both receiving services) \$25,444.00 (one receiving services) A higher asset amount may be allowed when a spousal assessment is done
Medicaid – Level 5 (3/16)	1 or 2 critical needs	\$1485 month (150% FPL)	Individual: \$1,600
Critical Needs are defined as requiring help or supervision in the following areas: Meal Preparation, Medication Administration, Bathing, Dressing, Toileting, Transferring, Eating or significant cognitive impairments. Call 1-800-445-5394 to make referrals or refer online <a href="https://www.ascendami.com/CTHomeCareForElders/default/">https://www.ascendami.com/CTHomeCareForElders/default/</a>			

### APPLICATION FILING and ENROLLMENT PERIODS:

#### **MEDICARE Parts A & B ENROLLMENT: 3 Types of Enrollment Periods**

**INITIAL ENROLLMENT-** Initial Enrollment Period is 7 months long. Begins three months before the month you turn 65, the month you turn 65 and three months after. The enrollment date will affect the start date of Medicare.

**SPECIAL ENROLLMENT PERIOD-** Special enrollment periods apply for those who are still working at age 65 and covered by employer coverage or through their spouse's **active** employment. A SEP for Medicare Part B begins the month after the employee coverage ends or employment ends (whichever comes first) and lasts for eight months (Individuals on Medicare due to ESRD do not receive a SEP). The SEP for Medicare Part D is 63 days.

**GENERAL ENROLLMENT PERIOD** - First 3 months of every year (January 1 to March 31st) You must enroll during these three months but your Part B coverage **won't begin till July 1st of that year**. There will be a penalty for late enrollment. Individuals on MSP obtain Medicare Part B on the date the State starts paying for the Part B premium. You can request a retroactive buy in of Medicare B as far back as 6 months from the date of application for all 3 levels.

**MEDICARE PART D & MEDICARE ADVANTAGE ANNUAL ELECTION PERIOD** - October 15th through Dec 7th of every year. Coverage begins Jan. 1st of the following year. Late enrollment penalty applies if you did not enroll during your initial enrollment period and don't qualify for a SEP (MSP recipients are not subject to late enrollment fees).

**MEDICARE ADVANTAGE PLAN DISENROLLMENT** - January 1 and ends February 14, lasting for 45 days. The Annual Disenrollment period is designed to allow you to do one thing: **Cancel your Medicare Advantage Plan membership and return to original Medicare**. Once you cancel your Medicare Advantage Plan you have a couple of choices.

- Return to original Medicare and purchase a stand-alone Part D Plan.
- Purchase a Medigap policy and a stand-alone Part D Plan.

**MEDICARE SAVINGS PROGRAMS** - OPEN ENROLLMENT ALL YEAR LONG

**MEDIGAP PLANS** – CT is a continuous enrollment state. You can enroll in Medigap anytime during the year.

**SNAP** - Open enrollment all year long      **CT Energy Assistance Program (CEAP)** - October 15th - April 15th

**RENTER'S REBATE PROGRAM** - Apply annually April 1 – October 1. For renters aged 65+, 50+ of a surviving eligible spouse or 18+ yrs with a permanent disability. 1 year residency. No asset test. Hotline for questions: 860-418-6377

**HEALTHCARE MARKETPLACE (Access Health CT)** – Open Enrollment Nov. 1, 2016– January 31, 2017.